21st Century Cures Act

Implications for Antibiotic Development and Antimicrobial Resistance

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The Cures Act: Overview

- Approved in December, 2016
  - Senate: 94 to 5
  - House: 392 to 26
- Authorizes $500 million in new FDA funding over 10 years
  - Funding remains subject to annual appropriations
- Pay-for funds derived from the ACA Prevention and Public Health Fund and the Strategic Petroleum Reserve

FDA Antimicrobial Provisions

- Establishes a new approval process (LPAD) for antimicrobials intended for the treatment of serious infections in limited patient populations with an unmet medical need

- Provides a mechanism to establish, update, and communicate susceptibility test interpretive criteria for antimicrobial drugs

LPAD Approvals: Evidence

- Enables approval based on a “streamlined development program” agreed to by FDA and the sponsor

- Applications may be based on:
  - Traditional or alternate endpoints
  - Datasets of limited size where appropriate
  - Additional confirmatory evidence, including data from phase 2 clinical trials

- May not deviate from the established approval standard of “substantial evidence”

LPAD Approvals: Labeling

- Antimicrobials approved under this process must be prominently labeled with the statement “Limited Population”
- Prescribing information must include the statement, “This drug is indicated for use in a limited and specific population of patients.”
- No restrictions on off-label prescribing
- Sponsors must submit copies of all promotional materials at least 30 days prior to dissemination

Interpretive Criteria: Initial Identification

- Specifies that FDA initially identify susceptibility test interpretive criteria using evidence including preclinical and clinical data

- Requires that FDA identify such criteria on the date of drug approval or licensure, or as soon as possible thereafter

Interpretive Criteria: Publication

- By one year after enactment, requires a dedicated FDA website containing a list of any new or updated interpretive criteria standards

- The website is required to list:
  - New or updated interpretive criteria standards established by certain standard development organizations and recognized by FDA; and
  - Interpretive criteria that FDA considers appropriate for a particular drug, where no FDA-recognized standard applies

Interpretive Criteria: Updates

- Requires that FDA evaluate new or updated standards every 6 months, and publish a notice with any relevant modifications to the list

- Specifies that FDA evaluation of new or updated standards can include:
  - Factors used in the initial identification of interpretive criteria; and
  - Information provided by interested third parties

Interpretive Criteria: Labeling and Limitations

- Labeling for drugs required to include a link to the website in lieu of providing susceptibility test interpretive criteria in the labeling
- Website required to include statements that:
  - Direct healthcare providers to the labeling for information on approved uses;
  - Note that susceptibility information provided on the website may relate to off-label use, for which safety and efficacy may not have been demonstrated in well-controlled trials